

TOWNSEND and TOWNSEND and CREW LLP
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San Francisco, California 94111-3834
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In re application of: Zuker *et al.*

Application No.: 09/361,652

Filed: July 27, 1999

Group Art Unit: 1646

For: NUCLEIC ACIDS ENCODING A G-PROTEIN COUPLED
RECEPTOR INVOLVED IN SENSORY TRANSDUCTION

Art Unit 1646

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Attorney Docket No. 02307E-088610US

Date: September 29, 2000

I hereby certify that this is being deposited with the United States
Postal Service as first class mail in an envelope addressed to:

Art Unit 1646
Assistant Commissioner for Patents
Washington, D.C. 20231

Signed: _____

Karen Iovino
Karen Iovino

Sir:

Transmitted herewith is an AMENDMENT in the above-identified application.

- ☒ Enclosed is a petition to extend time to respond (3 months - \$870.00).
☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 17	MINUS	** 69	= 0
INDEP.	* 8	MINUS	*** 13	= 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
x \$9.00 =			x \$18.00 =	\$0
x \$39.00 =			x \$78.00 =	\$0
+ \$130.00 =			+ \$260.00 =	
TOTAL ADDIT. FEE		OR	TOTAL	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ A fee of \$870.00 is due.

Please charge Deposit Account No. 20-1430 as follows:

☐ Claims fee \$0
☒ Any additional fees associated with this paper or during the pendency of this application.

2 extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

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